

# **EXHIBIT “A”**



**MEDICAL EXAMINER'S OFFICE  
ONONDAGA COUNTY HEALTH DEPARTMENT  
CENTER FOR FORENSIC SCIENCES**

J. RYAN MCMAHON II  
County Executive

INDU GUPTA, MD, MPH  
Commissioner of Health

CAROLYN H. REVERCOMB, MD, DABP  
Chief Medical Examiner

**CONFIDENTIAL INFORMATION ENCLOSED**

**TO: Joanne Renaud, Senior Investigator  
Onondaga County District Attorney's Office  
505 South State Street, 4<sup>th</sup> Floor  
Syracuse, NY 13202**

**RE: Valerie Hill, MEO Case M87-0208, SPD DR #87-37611**

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0208

## NOTIFICATION OF DEATH

463-5036

DATE 3/30/87 TIME 1<sup>22</sup> AM- PM INFORMANT Bruce Riggins / Syr P.D.DECEDENT Valerie Hill AGE 28 RACE W SEX FLOCATION 248 Hickore Ave, Syracuse TOWN \_\_\_\_\_

TIME OF DEATH \_\_\_\_\_ AM \_\_\_\_\_ PM PRONOUNCED BY \_\_\_\_\_

NARRATIVE ABOUT DEATH: - Homicide ?? strangulation- ligature around neck - previous problems w/  
boyfriend -


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ORGAN/TISSUE DONATION ?

PROBABLE MANNER OF DEATH ? \_\_\_\_\_ DEATH CERTIFICATE ? \_\_\_\_\_

CAUSE OF DEATH EXPRESSED \_\_\_\_\_

DR. \_\_\_\_\_

|               |                  |                  |                            |    |
|---------------|------------------|------------------|----------------------------|----|
| NOTIFICATION  | MEDICAL EXAMINER | DATE             | TIME                       | AM |
| DIRECTOR      | X                | DATE <u>3/30</u> | TIME <u>1<sup>24</sup></u> | PM |
| DISTRICT ATTY |                  | DATE             | TIME                       | AM |
| POLICE        |                  | DATE             | TIME                       | PM |

ACTION DIRECTED :

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NON M.E. DEATH \_\_\_\_\_

M.E. CASE TO REMOVE X

M.E. CASE NO REMOVAL \_\_\_\_\_

M.E. TO SCENE JP

CALL RECEIVED BY \_\_\_\_\_

S. W. Hallam

2

870208

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
SYRACUSE, NEW YORKREPORT OF DEATH/INVESTIGATION Type - Hosp.  Scene  Phone 

Name Valerie Hill Sex F Age 28 S M W D Color/Race White

Address 248 Hickok Ave. Syracuse Town

Occupation Reg. Nurse - Ad. Job SS# DOB [REDACTED]

Call rec'd by E. Whitham Time 1:22pm Date 3-30-87

Notified by Bruce Kiggins Agency SPD

Supv. Notified WBS Time 1:29pm

Place of Death 248 Hickok Ave. Syracuse, N.Y.

Pronounced dead by WBS Time 3:30 pm Date 3-30-87

Amb. or Rescue Dept. EMS

Police Investigation by SPD

Body removed to MEO Time 4:55 pm By WBS/EW

Identified by FATHER/BROTHER Address

Relationship

Relatives: Relationship Address & Phone No.  
Name R. Hill FATHER

Name MOTHER Address &amp; Phone No.

Name Address &amp; Phone No.

Name DAVID HILL BROTHER Address &amp; Phone No.

Manner of death: Accident  Suicide  Homicide  Natural  Undet. 

Pending

If motor vehicle: Driver  Passenger  Pedestrian Autopsy Yes  No 

Probable cause of death STRANGULATION

Death certificate signed by EKM Date 3/30/87 Amended Date

Body released to DICK MYER Via HOYER Time 9:52 AM Date 4-1-87

HTL 68" WT 145 lbs

Found dead by FATHER & BROTHER Address \_\_\_\_\_

Witness to Injury/Illness/Death \_\_\_\_\_

Family notified by PRESENT

If unnatural: Incident Date 3-27-87 Time 11K. Location 248 Hickok Ave. City Syracuse

Previous Medical History:

Meds \_\_\_\_\_

Attending Physician (Name & Address): \_\_\_\_\_

Narrative summary of circumstances surrounding death:

Notified by SPD Officer Kiggins of decedent found with a ligature around the neck and reporting the death as a possible homicide. No further information was available at time of call. WBS and EW responded to the scene.

WW

At 1:40P.M., Mr. Sullivan and this writer arrived at 248 Hickok Ave. where we were met by CID investigators, provided I.D. to them, and allowed to cross police lines into the yard of the home. We met with Off. Kiggins, Evid. Tech. Murphy, and Inv. Dan Erwin who gave us the information pertaining to the investigation. We proceeded to the side entrance of the home along with crime lab personnel and was turned away and denied entrance to the crime scene by S.P.D. Officer Stonecypher, who was apparently acting on orders from personnel inside the home. We waited on the scene until 2:05PM, at which time we questioned Inv. D. Erwin as to when we were going to be allowed inside. He stated that the Crime Lab was going to process and video tape the scene and it was going to be easily more than an hour before we could gain entrance. It was decided by all parties that this office was going to depart the scene and would not return until we were notified to return back when the scene had been processed. Further investigation into the call shows that Eastern was notified to respond to the scene at 1:08PM. *Eowlaw*

At 3:05pm investigators at the scene requested the presence of MEO staff. Dr. EKM & EFJ responded to the scene.

Per Investigator Gordie Lane:

The decedent was last seen Friday by her father who took her to dinner after she got out of work on Friday, 3-27-87. She was a registered nurse employed by St. Josephs Hospital and worked the day shift in the ER. She was found this date by her father and brother. She was found in a prone position dressed in a bathrobe and had a blue piece of material around her neck which appeared that she had been strangled with. No further info. at this time.

*M. Birkmeyer*  
M. Birkmeyer

6

VALERIE HILL

CM 13874

Case File #87-0208

SCENE INVESTIGATION

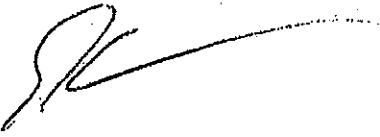
On 3/30/87, I was called to 248 Hickok Street in Eastwood to examine a decedent identified later as Valerie Hill.

I pronounced the decedent dead at 3:30 P.M.

The decedent lay face down on a rug in the living room area. She was dressed in a bathrobe and a knit upper garment of some type. The bathrobe was up above the level of the buttocks and fecal smearing was evident emanating from the area of the anus over the buttocks and upper thighs. The body was in full rigor with fixed anterior livor. A small amount of bloody mucoid fluid came from the mouth and nose when the body was turned over. A sash with material similar to the bathrobe was coiled about the neck and petechiae were evident above but not below the level of this sash.

The apartment appeared to have been relatively cool as was the basement through ceiling from the floor upon which the decedent lay.

This appears a strangulation homicide.



Erik K. Mitchell, M. D.

VALERIE HILL

CM 13874

Case File #87-0208

March 30, 1987 5:30 P.M.

EXTERNAL EXAMINATION

The body is that of a 68 inch, 145 pound, Caucasian female who appears compatible with the stated age of 28.

The body has fixed anterior livor with flattening of the nose secondary to pressure. There is a small amount of bloody fluid coming from the mouth and nose.

There is full rigor with cutis anserina. The rigor is easily broken as the body is coming out of rigor.

On the body are three stud earrings with one on the right and two on the left. There are two white metal rings on the right ring finger and a white metal spoon type ring on the left middle finger.

The body is dressed in a bathrobe over a long sleeved nightshirt type garment.

The buttocks and upper thighs as well as lower back have multiple streaks of dried, caked, fecal material which emanate from the area of the anus in long projections.

The medial aspect of the right thigh, 4 inches above the knee, has a single 1/8th inch abrasion without surrounding evidence of reaction.

The body surfaces show no other acute evidence of bruise. There is no bruising of the forearms or hands. The fingernails are clean, long, unbroken and without evidence of any type of foreign material beneath them.

VALERIE HILL

CM 13874

Case File #87-0208

The body surfaces have large numbers of fibers. These are collected and transferred to the police.

EVIDENCE OF INJURY

About the neck is tightly wrapped in two and one half turns the sash from the bathrobe. Rostral to this ligature, the skin is purple with multiple petechiae evident. Caudal to the ligature, there are no petechiae in the livor. The sash ligature catches beneath it multiple locks of hair. There is some puffiness of the face and eyelids with pronounced scleral hemorrhage. Within the mouth, there is no laceration of the frenula but the mucosa of the lips circumorally shows large red, petechial discolorations.

The neck has streak hemorrhages into the right sternohyoid belly on the deep surface with multiple hemorrhages close to the attachment to the hyoid. The right sternothyroid has a single mid-belly streak hemorrhage at the point of the lower larynx and there is a similar hemorrhage into the left sternothyroid on the anterior surface of the muscle belly. The hyoid has prominent red discoloration of soft tissues about the right joint. There is red discoloration on the soft tissue surrounding a fracture of the hyoid close to the greater horn on the left. There is no visible hemorrhage within the depth of the fracture per se. The left greater horn of the thyroid cartilage is fractured without surrounding hemorrhage or hemorrhage within the

VALERIE HILL

CM 13874

Case File #87-0208

fracture. There are multiple epiglottal petechiae. There is no further fracture of the laryngeal cartilage.

The thyroid anteriorly on the left lobe has multiple confluent areas of red discoloration up to 0.6 cm. in greatest diameter. These discolorations are purely within the fascial covering of the thyroid.

There is no hemorrhage into the precervical fascia. The soft tissues anterior to the larynx and superior to the larynx, immediately deep to the ligature of the neck show yellow discoloration of the dermal tissues with some drying of that tissue.

The right temple has a 2 x 3/4 inch area of prominent red discoloration immediately lateral to the right eyebrow. This bruise is not distinctly evident within the livor on the skin surface but can be seen as a boggy, red, well defined mark within the deep tissue of the scalp.

There is no fracture of the skull and no associated hemorrhage or contusion deep to the bruise on the scalp.

The vagina and rectum are without bruise or acute injury.

#### INTERNAL EXAMINATION

The 1530 gram brain is mildly softened secondary to autolytic changes. There is no evidence of acute contusion injury. There is an estimated ml. of liquid subdural and subarachnoid blood over the lateral convexities close to the midline.

VALERIE HILL

CM 13874

Case File #87-0208

The 280 gram heart has a normal coronary distribution without thrombotic or atherosclerotic involvement. This tissue is diffusely mildly softened secondary to autolysis. The endocardium is clear. There is no focal discoloration of the tissue. The valves are well formed, without vegetation and the aorta is elastic.

The 390 gram right lung and 390 gram left lung have a purple to pink tissue which, on section, shows an acinar distribution of red discoloration in the lower lobe on the right. Otherwise the tissue has a fairly uniform internal reddish discoloration. There is a small amount of pink, edema type foam in some of the larger airways. There is no clot in the vessels. There is no other focal discoloration. There is no focal change in texture.

The 1180 gram liver has a red, soft tissue with gassy crepitus mildly apparent. There is no nodularity or undue firmness. There is a thick sanguineous ooze from the cut surface. The gall bladder is present and empty. The hilar structures are without dilatation.

The 150 gram spleen has a thin capsule distended by a red internal tissue which is soft and with a distinct, diffuse, gassy crepitance.

The esophagus is without intrinsic lesion.

The stomach contains an estimated 250 ml. of a cloudy liquid with a fragment of what appears to be a congealed grease in one solid chunk. There is no acute ulceration of

VALERIE HILL

CM 13874

Case File #87-0208

the stomach. The mucosa has lost some of the usual rugal folds. The small and large bowel are without acute lesion when opened in their entirety. There is a very light coating of mucoid, tan-brown material over the small bowel without a distinct chyme column.

Pancreatic lobulations are tan and softened somewhat by autolytic change. There is no fat necrosis or fibrosis. There is no dilatation of the ducts.

The adrenals have a thin, yellow cortex and a red to gray central region.

The 150 gram right kidney and 170 gram left kidney have smooth cortical surfaces with a full cortical thickness. The papillae are without ulceration. The ureters are without dilatation going down to an empty bladder with a tan mucosa.

The internal genitalia show a uniform pinkish-tan myometrium without distortion. The endometrium is thin and dark red with a reddish fluid present also in the endocervical mucus. The fallopian tubes are without dilatation and the ovaries are rubbery. The vaginal mucosa is blue. There is a Tampax present within the vagina.

VALERIE HILL

CM 13874

Case File #87-0208

AUTOPSY FINDINGS

1. Facial petechiae.
2. Fractures of hyoid and of thyroid cartilage.
3. Dry, serous discoloration of neck soft tissues beneath ligature.
4. Epiglottal petechiae.
5. Streak hemorrhages into strap muscles.
6. Focal red discoloration of thyroid capsule.



Erik K. Mitchell, M. D.

VALERIE HILL

CM 13874

Case File #87-0208

GROSS DESCRIPTION OF BRAIN AFTER FIXATION

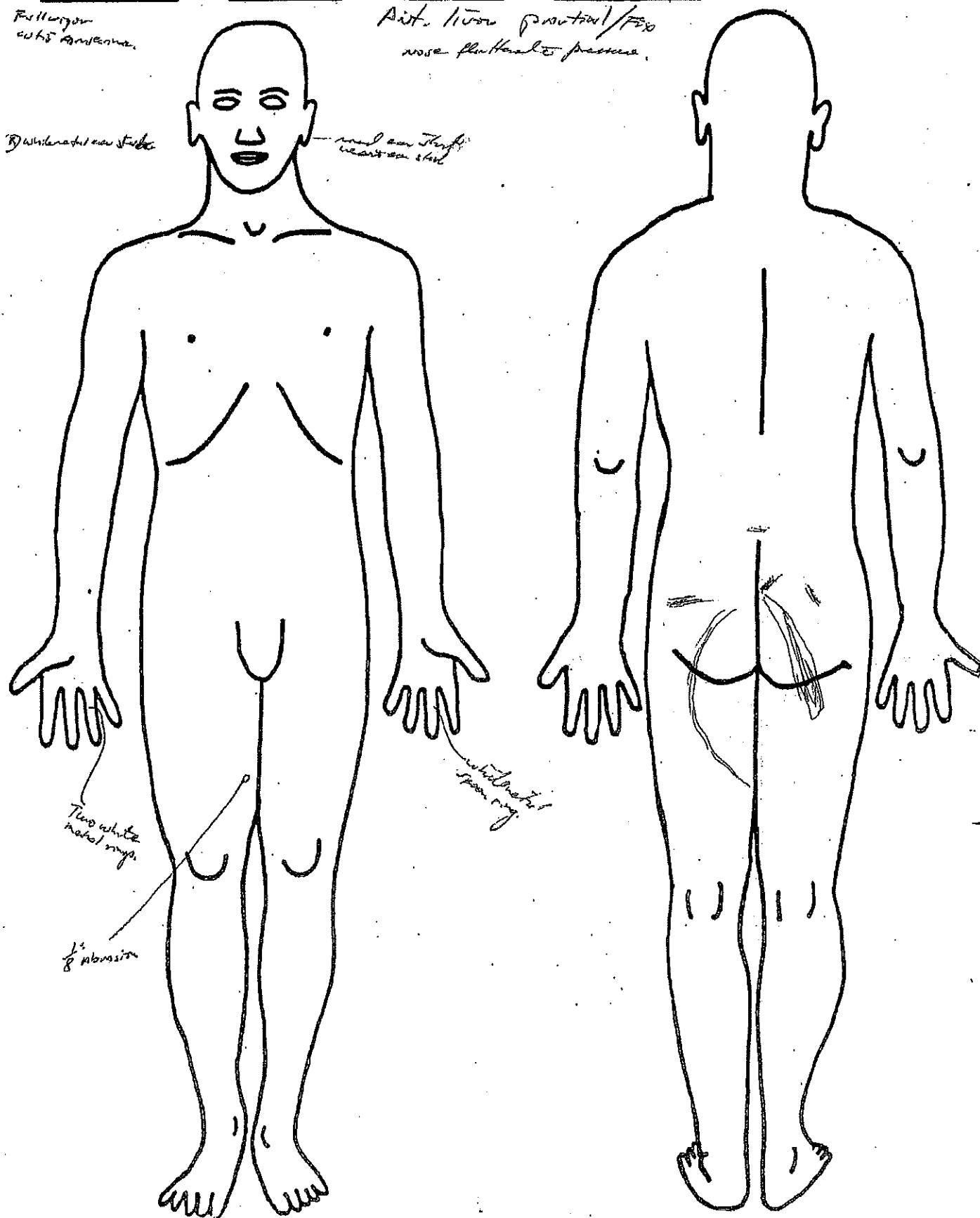
The formalin fixed brain weighs 1740 grams. External examination of the brain over the convexities and at the base reveals normal structure without evident abnormality. Coronal sections of the cerebral hemispheres reveal essentially normal development of the brain without evidence of pathologic abnormality. The deeper areas of the brain are riddled with cavities developed due to decomposition.

DIAGNOSIS

Normal brain with postmortem decomposition.

*George Collins*  
George Collins, M. D.

ASE # 87-0208 NAME VALERIE HILL AGE 28 RACE W SEX F HT 68 WT 145  
AIR  EYES  TEETH  TIME 5:30 PM



TAPE #                    INITIALS                     
CASE # 87-0208 DATE 3/30/87 MANNER                    TIME 5:30 PM  
HT 280 S 150 AGE 28 HT                    WT                     
RL 390 RK 120                                                           
LL 390 LK 110                                                           
L 1180 B 1530                                                         

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**NECK AIRWAY**

HYOID  
EPIGLOTTIS  
THYROID  
ESOPHAGUS  
BONE  
THYMUS  
HEART

EPICARDIUM  
CORONARY  
VALVE  
MYOCARDIUM  
ENDOCARDIUM

**AORTA****RIBS**

PLEURAL CAVITY R.            L.            mls.

AIRWAY  
VESSELS  
TISSUE

PERITONEAL CAVITY                    ml.

LIVER                    ml.  
GALLBLADDER                    ml.  
SPLEEN                     
ESOPHAGUS                     
STOMACH                    ml.  
APPENDIX                     
BOWEL                   

**RETROPERITONEUM**

PANCREAS                     
ADRENAL                    cm.  
KIDNEYS                     
URETERS                     
BLADDER                    ml.

**GENITALIA**

SCALP  
SKULL  
BRAIN  
PITUITARY

**BONES**

PELVIC  
VERTEBRAL  
EXTREMITIES

Pg 14

## ONONDAGA COUNTY DEPARTMENT OF HEALTH

James R. Miller, M.D.  
Commissioner of HealthDivision of Laboratories  
600 South State Street, P.O. Box 38  
Syracuse, New York 13201  
(315) 425-2256Erik K. Mitchell, M.D.  
Medical Exam./Lab. Dir.

## REPORT OF TOXICOLOGICAL SCREENS

|              |   |                                 |                                 |
|--------------|---|---------------------------------|---------------------------------|
| Case Number  | 87-0208<br>VALERIE HILL<br>28 YRS.<br>WHITE | 3-30-87<br>FEMALE               | Date Received<br><i>3-31-87</i> |
| Requested by | Agency                                      | Date Reported<br><i>4-30-87</i> |                                 |

Specimens Submitted:  Blood  Urine  Vitreous Humor  Liver

## RESULTS

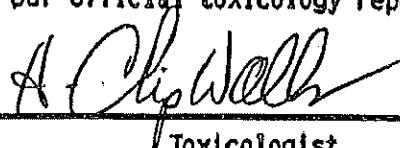
| <u>Blood</u>               | Neg.          | Pos.       | NA* | <u>Vitreous Humor</u> | Neg.          | Pos.       | NA* |
|----------------------------|---------------|------------|-----|-----------------------|---------------|------------|-----|
| Ethanol                    |               | 0.03 gm/dl |     | Ethanol               |               | 0.02 gm/dl |     |
| Carbon Monoxide            |               | %          |     | Bile                  |               | gm/dl      |     |
|                            |               |            |     | Ethanol               |               |            |     |
| <u>Urine</u>               | Neg.          | Pos.       | NA* | <u>Urine EMIT</u>     | None Detected |            | NA* |
| Ethanol                    |               |            |     | Amphetamines          |               |            |     |
| <u>Urine Drug Screens</u>  | None Detected |            | NA* | Barbiturates          |               |            |     |
| Acetaminophen              |               |            |     | Benzodiazepines       |               |            |     |
| Ethchlorvynol              |               |            |     | Cocaine Metabolite    |               |            |     |
| Imipramine/<br>Desipramine |               |            |     | Opiates               |               |            |     |
| Phenothiazines             |               |            |     | Phencyclidine (PCP)   |               |            |     |
| Salicylates                |               |            |     | Propoxyphene          |               |            |     |
|                            |               |            |     | Cannabinoids          |               |            |     |

OTHER: Basic drugs were not detected in the blood, Liver or Gastric contents.  
 Gastric Ethanol - 0.16 gm/dL

Legend: \*NA - No Analysis Performed

#QNS - Quantity Not Sufficient

If no further analyses are requested within five (5) working days and if no additional analyses are being performed, this will constitute our official toxicology report. Additional analyses are ~~not~~ being performed.


 A. Chip Wells  
Toxicologist

Pg 5

## ONONDAGA COUNTY DEPARTMENT OF HEALTH

James R. Miller, M.D.  
Commissioner of HealthDivision of Laboratories  
600 South State Street, P.O. Box 38  
Syracuse, New York 13201  
(315) 425-2256Erik K. Mitchell, M.D.  
Medical Exam./Lab. Dir.

## REPORT OF TOXICOLOGICAL SCREENS

|              |   |                   |                          |
|--------------|---|-------------------|--------------------------|
| Case Number  | 87-0208<br>VALERIE HILL<br>28 YRS.<br>WHITE | 3-30-87<br>FEMALE | 3-31-87<br>Date Received |
| Requested by |   | Agency            | 5-30-87<br>Date Reported |

Specimens Submitted:  Blood  Urine  Vitreous Humor  Liver

## RESULTS

| <u>Blood</u>               | Neg.          | Pos.       | NA* | <u>Vitreous Humor</u> | Neg.          | Pos.       | NA* |
|----------------------------|---------------|------------|-----|-----------------------|---------------|------------|-----|
| Ethanol                    |               | 0.03 gm/dl |     | Ethanol               |               | 0.02 gm/dl |     |
| Carbon Monoxide            |               | %          |     | Bile                  |               | gm/dl      |     |
|                            |               |            |     | Ethanol               |               |            |     |
| <u>Urine</u>               | Neg.          | Pos.       | NA* | <u>Urine EMIT</u>     | None Detected |            | NA* |
| Ethanol                    |               |            |     | Amphetamines          |               |            |     |
| <u>Urine Drug Screens</u>  | None Detected |            | NA* | Barbiturates          |               |            |     |
| Acetaminophen              |               |            |     | Benzodiazepines       |               |            |     |
| Ethchlorvynol              |               |            |     | Cocaine Metabolite    |               |            |     |
| Imipramine/<br>Desipramine |               |            |     | Opiates               |               |            |     |
| Phenothiazines             |               |            |     | Phencyclidine (PCP)   |               |            |     |
| Salicylates                |               |            |     | Propoxyphene          |               |            |     |
|                            |               |            |     | Cannabinoids          |               |            |     |

OTHER: BASIC DRUGS WERE NOT DETECTED IN THE BLOOD, LIVER OR GASTRIC CONTENTS.

GASTRIC ETHANOL - 0.16 gm/dL

ACIDIC DRUGS NOT DETECTED IN THE BLOOD.

Legend: \*NA - No Analyses Performed

#QNS - Quantity Not Sufficient

If no further analyses are requested within five (5) working days and if no additional analyses are being performed, this will constitute our official toxicology report. Additional analyses are ~~not~~ being performed.  
Toxicologist7/13/87  
ws

Pg 16

## TOXICOLOGY SYSTEM

## ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE

|  |                                 |                          |                 |            |         |         |         |        |        |
|--|---------------------------------|--------------------------|-----------------|------------|---------|---------|---------|--------|--------|
| case no.   | 87-02028                        | exam/date                | 3-30-87         | time       | 5:30 p  | prosect | ETM     | asst.  | M&J/TJ |
| name   | Valerie Hill                    | specimen                 | None            |            |         | AMT.    | TO LAB  | RETAIN | OTH.   |
| age  | 28                              | DOB                      | 12/14/58        | ht.        | 60"     | WT      | 145 lbs |        |        |
| race   | White                           | sex                      | Fem             | date death | 3-30-87 |         |         |        |        |
| place death  | 248 Hickok Ave., Syracuse, N.Y. | incident date & location | 3-30-87 (found) |            |         |         |         |        |        |
| occupation   | Occupation                      | Req. nurse               |                 |            |         |         |         |        |        |
| occupational death:  | yes                             | x no                     |                 |            |         |         |         |        |        |
| vehicular  | n/a                             | dr. n/a                  | pas. n/a        | ped.       |         |         |         |        |        |
| condition:   | x fresh                         | mod.                     | dec.            |            |         |         |         |        |        |
| sev. dec.  |                                 |                          |                 |            |         |         |         |        |        |
| suspected mode   | death                           |                          |                 |            |         |         |         |        |        |
| N  | A                               | S                        | XH              | U          | PEND.   |         |         |        |        |
| reason pend  |                                 |                          |                 |            |         |         |         |        |        |
| drugs/poisons avail  | blk                             |                          |                 |            |         |         |         |        |        |
| suspected  | blk                             |                          |                 |            |         |         |         |        |        |
| ned's  | blk                             |                          |                 |            |         |         |         |        |        |
| anatomical exam findings   |                                 |                          |                 |            |         |         |         |        |        |
| STAB WOUNDS  |                                 |                          |                 |            |         |         |         |        |        |
| NARRATIVE / MED. HIST.   |                                 |                          |                 |            |         |         |         |        |        |
| Deced. was found prone in her residence by father and brother.   |                                 |                          |                 |            |         |         |         |        |        |
| Found prone with a piece of blue material around the neck. Tast seen Friday by the father. Appears as though deced. was there again. 2-3 days. |                                 |                          |                 |            |         |         |         |        |        |
| TESTS REQUESTED:   | URINE DRUG                      | BLOOD DRUG               | OTHER           |            |         |         |         |        |        |
| OTHER TESTS  |                                 |                          |                 |            |         |         |         |        |        |
| Received by  | Marvin Stuck                    | Delivered by             | Walter Weller   | date       | 3-31-87 | time    | 9:31 AM |        |        |
|  |                                 |                          |                 | date       | 3-31-87 | time    | 9:37 AM |        |        |

pg 17

## PRESCRIPTION RECORD

Valerie Hill

NAME

87-0208

CASE #

1

|                |                          |
|----------------|--------------------------|
| Drug           | Vivarin - Stimulant tabs |
| Dr.            | Tilley                   |
| Pharm.         | North Syr. Pharm         |
| Phone No.      |                          |
| Rx. No.        |                          |
| Date           |                          |
| Amt. Issued    |                          |
| Amt. Remaining | (20) (21) Twenty-one     |

6

|                |                    |
|----------------|--------------------|
| Drug           | Dalamane 30 mg cap |
| Dr.            | Tilley             |
| Pharm.         | North Syr. Pharm   |
| Phone No.      | 458-3363           |
| Rx. No.        | 33624              |
| Date           | 7/9/85             |
| Amt. Issued    | 30                 |
| Amt. Remaining | 14                 |

Script written to - Doretta Hill

2.

|                |                  |
|----------------|------------------|
| Drug           | Valium 5mg       |
| Dr.            | Tilley           |
| Pharm.         | North Syr. Pharm |
| Phone No.      | 458-03363        |
| Rx No.         | 35269            |
| Date           | 6/15/85          |
| Amt. Issued    | 90               |
| Amt. Remaining | 8 1/2            |

6

|                |                   |
|----------------|-------------------|
| Drug           | Provera 10mg      |
| Dr.            | Masgad            |
| Pharm.         | St Joseph's Hosp. |
| Phone No.      | 424-5194          |
| Rx No.         | 16147             |
| Date           | 1/21/86           |
| Amt. Issued    | unknowm           |
| Amt. Remaining | 2                 |

3

|                |                  |
|----------------|------------------|
| Drug           | Darvocet N-100   |
| Dr.            | Tilley           |
| Pharm.         | North Syr. Pharm |
| Phone No.      | 458-3363         |
| Rx No.         | 36425            |
| Date           | 6/12/85          |
| Amt. Issued    | 60               |
| Amt. Remaining | 17               |

7

|                |                   |
|----------------|-------------------|
| Drug           | Acetamin DS       |
| Dr.            | Y. N.             |
| Pharm.         | St Joseph's Hosp. |
| Phone No.      | 424-5194          |
| Rx No.         | unknown           |
| Date           | unknown           |
| Amt. Issued    | unknowm           |
| Amt. Remaining | 11                |

4

|                |                  |
|----------------|------------------|
| Drug           | Darvocet N-100   |
| Dr.            | Tilley           |
| Pharm.         | North Syr. Pharm |
| Phone No.      | 458-3363         |
| Rx No.         | 36425            |
| Date           | 7/9/85           |
| Amt. Issued    | 60               |
| Amt. Remaining | 45               |

8

|                |  |
|----------------|--|
| Drug           |  |
| Dr.            |  |
| Pharm.         |  |
| Phone No.      |  |
| Rx No.         |  |
| Date           |  |
| Amt. Issued    |  |
| Amt. Remaining |  |

870208

COUNTY OF ONONDAGA

CERTIFICATE OF IDENTIFICATION

To the Medical Examiner:

I declare it to be my opinion that the remains # 87-0208  
viewed by me are that of Valerie Hill  
(name)  
28 years, age 248 HICKOK AVE SYRACUSE N.Y.  
(last known address)

Signed Dw. Gordon Lang  
Address SPD

Date 3/30/87

Time 8:00 AM

Witness [Signature]

REMARKS:

ID BY- FATHER RANDALL HILL AND BROTHER DAVID HILL  
VERGANCY AT SCENE PER SYRACUSE P.D.

Identification accepted

3/30/87

(Date)

[Signature]  
(Signed)

2. ALL COPIES MUST BE LEGIBLE.
3. INCOMPLETE CERTIFICATES WILL BE RETURNED.

Valerie Hill 8/10/08

V.S.-60 (REV 1/18)

**STATE FILE NUMBER**

|                      |              |                   |   |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|----------------------|--------------|-------------------|---|---|---|---|---|---|--|---|---|---|------------------------------------|-----------------------------|--|--|---|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| CENSUS TRACT         | SUB-DIVISION | RECORDED DISTRICT | NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH  |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
| STATISTICAL DISTRICT |              | REGISTER NUMBER   | 1. NAME: FIRST MIDDLE LAST  |   |   | 2. SEX  |   |   | 3A. DATE OF DEATH  |   |   | 3B. HOUR                                      |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
| REC.                 | RES.         |                   |   |   |   | MALE  | FEMALE  | MONTH   | DAY  | YEAR  | 3:30 P.M.                               |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 4. AGE  | IF UNDER 1 YEAR                         | IF UNDER 1 DAY                          | 5. DECEDENT BORN  | 6. VETERAN OF U.S. ARMED FORCES?                              |   |  | 7. SOCIAL SECURITY NUMBER   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | YEARS   | MONTHS                                  | MONTHS                                  | MONTH   | DAY   | YEAR  | NO   | YES   | IF YES, SPECIFY WAR OR DATES OF SERVICE |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 8A. COUNTY OF DEATH   | 8B. LOCALITY (CHECK ONE AND SPECIFY)    |   |   | 8C. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS)  |   |  | 8D. IF IN HOSPITAL OR INSTITUTION (CHECK ONE)                       |   |   | 8E. IF INPATIENT ADMISSION DATE    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   |   | <input type="checkbox"/> CITY OF        | <input type="checkbox"/> TOWN OF        | <input type="checkbox"/> VILLAGE OF                     |   |   |  | <input type="checkbox"/> DOA  | <input type="checkbox"/> EMERGENCY ROOM | <input type="checkbox"/> OUTPATIENT           | <input type="checkbox"/> INPATIENT | <input type="checkbox"/>    | MONTH  | DAY  | YEAR  |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 9. STATE OF BIRTH (COUNTRY IF NOT USA)  | 10. CITIZEN OF WHAT COUNTRY?            |   |   | 11. MARITAL STATUS (CHECK ONE)                                |   |  | 12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)                     |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   |   |   |   |   | 1 <input type="checkbox"/> NEVER MARRIED                      | 2 <input type="checkbox"/> WIDOWED                      | 3 <input type="checkbox"/> MARRIED OR SEPARATED                    | 4 <input type="checkbox"/> DIVORCED                                 |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 13. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)  | 14. OF SPANISH ORIGIN? YES CHECK ONE    |   |   | <input type="checkbox"/> YES                                  | <input type="checkbox"/> NO                             | 15. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY               |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   |   |   |   |   | <input type="checkbox"/> MEXICAN                              | <input type="checkbox"/> OTHER SPANISH ORIGIN (SPECIFY) | ELEMENTARY   | HIGH SCHOOL   | COLLEGE                                 | 0   | 1                                  | 2                           | 3  | 4  | 5   | 6                            | 7   | 8                           | 1                           | 2                           | 3                           | 4                           | 5                           |                             |
|                      |              |                   |   | 1 <input type="checkbox"/> MEXICAN      | 2 <input type="checkbox"/> PUERTO RICAN | 3 <input type="checkbox"/> CUBAN                        | 4 <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN          |   | <input type="checkbox"/> 00  | <input type="checkbox"/> 01   | <input type="checkbox"/> 02             | <input type="checkbox"/> 03                   | <input type="checkbox"/> 04        | <input type="checkbox"/> 05 | <input type="checkbox"/> 06  | <input type="checkbox"/> 07  | <input type="checkbox"/> 08                           | <input type="checkbox"/> 09  | <input type="checkbox"/> 10   | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|                      |              |                   | 16A. USUAL OCCUPATION (DO NOT ENTER RETIRED)  | 16B. KIND OF BUSINESS OR INDUSTRY       |   |   | 16C. NAME AND LOCALITY OF FIRM OR COMPANY                     |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 17A. STATE  | 17B. COUNTY                             |   |   | 17C. LOCALITY (CHECK ONE AND SPECIFY)                         |   |  | 17E. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   |   |   |   |   | <input type="checkbox"/> CITY OF                              | <input type="checkbox"/> TOWN OF                        | <input type="checkbox"/> VILLAGE OF                                | <input type="checkbox"/> YES  | <input type="checkbox"/> NO             | <input type="checkbox"/> IF NO, SPECIFY TOWN: |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 17D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)  |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 18A. FIRST NAME OF MOTHER:  | 18B. MAIDEN NAME OF MOTHER:             |   |   | 18C. FIRST MIDDLE LAST  |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 19A. NAME OF INFORMANT  | 19B. MAILING ADDRESS (INCLUDE ZIP CODE) |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY)  | MONTH                                   | DAY                                     | YEAR  | 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION | 20C. LOCATION (CITY OR TOWN, STATE)                     |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 21A. NAME AND ADDRESS OF FUNERAL HOME   | 21B. REGISTRATION NO.                   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 22A. NAME OF FUNERAL DIRECTOR   | 22B. SIGNATURE OF FUNERAL DIRECTOR      |   |   | 22C. REGISTRATION NO.   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 23A. SIGNATURE OF REGISTRAR   | 23B. DATE FILED                         | MONTH                                   | DAY   | YEAR  | 24A. BURIAL OR REMOVAL PERMIT ISSUED BY:                | 24B. MONTH DAY YEAR  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY  |   |   |   |   |   |  |   |   |   |                                    |                             | TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED   |   |   |   |   |   |  |   |   |   |                                    |                             | B. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | SIGNATURE   |   |   |   |   |   |  |   |   |   |                                    |                             | CORONER<br>CORONER'S PHYSICIAN<br>MEDICAL EXAMINER   |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | B. THE PHYSICIAN ATTENDED THE DECEASED FROM: MONTH DAY YEAR TO: MONTH DAY YEAR C. LAST SEEN ALIVE MONTH DAY YEAR  |   |   |   |   |   |  |   |   |   |                                    |                             | D. PHONOCOUPLED DEAD ON: MONTH DAY YEAR AT: D. DATE SIGNED MONTH DAY YEAR  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER   |   |   |   |   |   |  |   |   |   |                                    |                             | E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR) Erik K. Mitchell, M.E. 330 W. Onondaga St. Syracuse, N.Y. 13202 |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 27. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).   |   |   |   |   |   |  |   |   |   |                                    |                             | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | (A) strangulation DUE TO, OR AS A CONSEQUENCE OF:   |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | (B) DUE TO, OR AS A CONSEQUENCE OF:   |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | (C) DUE TO, OR AS A CONSEQUENCE OF:   |   |   |   |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | PART II. OTHER SIGNIFICANT CONDITIONS/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)   |   |   |   |   |   |  |   |   |   |                                    |                             | 28A. AUTOPSY?  | 28B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? | 29. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   |   |   |   |   |   |   |  |   |   |   |                                    |                             | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  | <input checked="" type="checkbox"/> YES               | <input type="checkbox"/> NO  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 30A. SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION  |   |   |   |   |   |  |   |   |   |                                    |                             | 30B. DATE OF INJURY  | 30C. HOUR OF INJURY  | 30D. DESCRIBE HOW INJURY OCCURRED                     |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | Homicide  |   |   |   |   |   |  |   |   |   |                                    |                             | MONTH  | DAY  | YEAR  | strangled by other person(s) |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | 30E. INJURY AT WORK?  |   |   | 30F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC. |   |   | 30G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE) |   |   | 248 Hickok Ave. Syracuse, Onondaga Co., N.Y.  |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |
|                      |              |                   | YES <input type="checkbox"/>  |   |   | NO <input checked="" type="checkbox"/>                  |   |   |  |   |   |   |                                    |                             |  |  |   |                              |   |                             |                             |                             |                             |                             |                             |                             |

RELEASE OF DECEASED

TO WHOM IT MAY CONCERN:

I wish for the body of MISS VALERIE J. HILL, Deceased,  
to be released to the RICHARD F. AYER FUNERAL HOMES,  
38 Sullivan Street, Cazenovia, New York.

I am related to the Deceased as: Father -  
(Relationship)

X Randall Hill L.S.

Deauill Hill Dated: 31 March 1987  
L.S.

(WITNESS)

Richard F. Ayer L.S.  
(Funeral Director)

87020 E

Date March 30 1987

Onondaga County Medical Examiner's Office

330 West Onondaga Street

Syracuse, New York

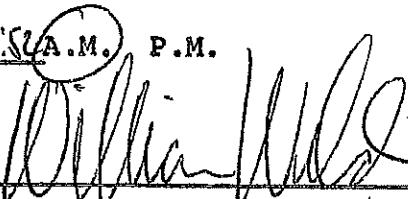
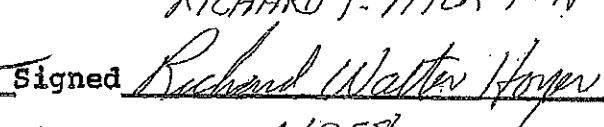
I certify that I received the body of

Valerie Hill who resided at

248 Hickok Ave. Syracuse from the Onondaga  
County Medical Examiner's Office on March 21 <sup>P.M.</sup> APRIL 1

1987 at 9 A.M. P.M.

Witness

 RICHARD F. AYER F.H.  
 Signed Richard Walter Hoyer  
Lic. No. 06358

Plastic Pouch Used ( )

Replaced by the Undertaker ( )

CASE FILE # 870208

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 4/2/87 TIME 11:10 AM

$1\frac{1}{4}$  -  $1\frac{3}{4}$  oz Brandy 80 - proof.  
Half & Half 2 oz

Dark Creme De Coco  $\frac{40 \text{ proof}}{60}$

$1\frac{1}{4}$  -  $1\frac{3}{4}$  oz Nutmeg

SIGNATURE \_\_\_\_\_

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

CASE FILE # 870208

DECEDENT Valerie Hill Date 4/2/87 TIME 9:30 AM

Larry Barron

|   |                       |         |
|---|-----------------------|---------|
| 2 | Brandy Alexander      | 6:10 Pm |
| 1 | piece of Garlic Bread | 7:30 Pm |

DRB

SIGNATURE \_\_\_\_\_

24

CASE FILE # \_\_\_\_\_

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT Virginia Hill Date 8-30-87 TIME \_\_\_\_\_

Tim Finney - Spouse Randall Finney  
says V. Hill had only 2 slices  
garlic bread. ? consistent?  
No note elsewhere.



SIGNATURE \_\_\_\_\_

CASE FILE # \_\_\_\_\_

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT

Valerie Hill

Date

4/1/87 TIME 4:55 PM

Chips states

Blood .03

Vaseline .02

WBS

SIGNATURE \_\_\_\_\_

CASE FILE # \_\_\_\_\_

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT

V. Hill

Date \_\_\_\_\_

TIME \_\_\_\_\_

Dick Ayer -

via Dick Koyer

3/31 11pm

will meet with  
family

Brother David Hill called thru

SIGNATURE \_\_\_\_\_

CASE FILE # \_\_\_\_\_

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 3/31/87 TIME 1 PM

Sgt Lynch states subject last  
seen 8:30 AM Sat.  
ABT.

SIGNATURE \_\_\_\_\_

CASE FILE # 87-0208

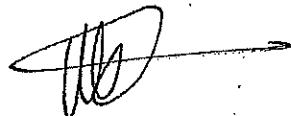
ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

DECEDENT VALERIE Hill Date 3-31-87 TIME 8:53 AM.

CONTACTED OFFICER DONAHUE FOR FINGERPRINTS.  
HE WILL BE OVER THIS AM.



1:15 PM OFFICER DONAHUE AT MEO FOR  
FINGER PRINTING.



SIGNATURE 

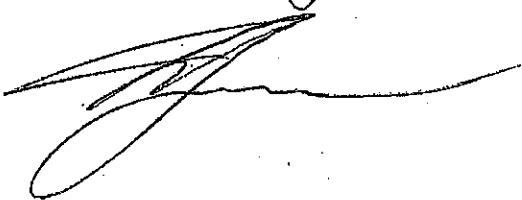
ONONDAGA COUNTY MEDICAL EXAMINER OFFICE  
CASE INFORMATION SHEET

CASE FILE # 87-0208

DECEDENT

Kill Date 3/31/87 TIME 3:29 PM

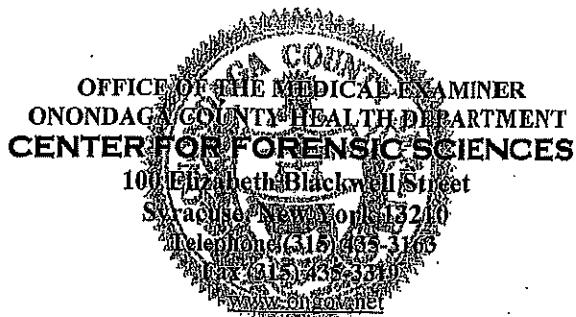
per Dr. EKM — may release  
body now.



SIGNATURE

NICHOLAS J. PIRRO  
County Executive

MARY I. JUMBELIC, MD  
Chief Medical Examiner



CYNTHIA B. MORROW, MD, MPH  
Commissioner of Health

KATHLEEN CORRADO, PhD  
Director of Laboratories

April 25, 2007

District Attorney  
William J. Fitzpatrick  
County of Onondaga  
Criminal Courthouse, 4<sup>th</sup> Floor  
505 South State Street  
Syracuse, New York 13202

Re: Valerie Hill  
DOD: 03/30/87  
Case #: 87-0208

Dear Mr. Fitzpatrick:

On April 3, 2007 Mr. Sidney Manes came to the Onondaga County Medical Examiners Office to review the entire case file for Valerie Hill. He represents Mr. Hector Rivas. Mr. Manes requested copies of specific material from the chart. Please find enclosed a CD with 2 brain pictures on it, copy of 4 histology slides, and copies of the file, which Mr. Manes requested.

If you have any questions regarding information given to Mr. Manes, please do not hesitate to contact me.

Sincerely yours,

*Maureen Kurz*

Maureen Kurz  
Typist II

Enc.

\* STAI Please \*

3 sets of 4



Onondaga County Health Medical Examiner's Office  
CHAIN OF CUSTODY *CHI* 4/10/07

Department of Pathology • 750 East Adams Street • Syracuse NY 13210 • (315) 464-4750 • (315) 464-7130 Fax

Case #: 87-0208 request 04/10/07 Autopsy Date: 04/10/07 Total # Cassettes Submitted: 4 (four)

Pathologist: MJ Technician: TAL

Requested Test(s): H&E: \_\_\_\_\_ Other: \_\_\_\_\_

| NAME AND SIGNATURE  | DEPT | DATE     | TIME    |
|---|------|----------|---------|
| MEO Representative from whom cassettes were received:<br><br>(Print) <u>Timothy A. Lawrence</u><br>(Signature) <u>Timothy A. Lawrence</u> | MEO  | 04/10/07 | 1445    |
| Received by:<br><br>(Print) <u>Helene Deegan</u><br>(Signature) <u>Helene Deegan</u>  | AP   | 4/10/07  | 2:45    |
| Received by: Sectioned By<br><br>(Print) <u>Richard M Hilwig</u><br>(Signature) <u>Richard M Hilwig</u>                                   | AP   | 4/10/07  | 4:30 pm |
| Received by:<br><br>(Print) <u>Archonel M Kolwicz</u><br>(Signature) <u>Archonel M Kolwicz</u>  | AP   | 4/11/07  | 9:30 am |
| Received by:<br><br>(Print)<br>(Signature)  |      |          |         |
| Received by:<br><br>(Print)<br>(Signature)  |      |          |         |
| Received by:<br><br>(Print)<br>(Signature)  |      |          |         |
| Received by:<br><br>(Print) <u>Harold Martel</u><br>(Signature) <u>Harold Martel</u>  | SAC  | 4/11/07  | 4:40 pm |
| MEO Representative from whom cassettes were received:<br><br>(Print) <u>MATTHEW R. KELLY</u><br>(Signature) <u>Matthew R. Kelly</u>       | MEO  | 4/11/07  | 1640    |

**ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE**  
**SUPPLEMENTAL CASE INFORMATION - TELEPHONE CONTACT FORM**

Case # 87-0208

Decedent's Name

Valerie HillDate 4/10/07Time \_\_\_\_\_ A.M. / P.M.  Incoming  Outgoing

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(relationship to decedent OR agency) \_\_\_\_\_

✓ 87-0206 - out: Rosario Malombri - gloria reg.  
all records, slides + Blocks if any. (4/10/07)

Matt, Shane, Timothy - recd letter stating  
looked for Brain Slides - didn't locate -  
see Dr J. for info -

✓ Recut of Slides - Make 3 sets - (Timothy)

✓ Scan Brain Slides + make 3 CD's - (Joe)

✓ Put Chart in Chronologic order - Recut Top -

I advised him/her to call back at any time if there are any further questions.

Employee Name/Title

Mark Dr. Mitchell's Testimony ✓

Mark Dr. J's phone, meetings etc. ✓

**ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE**  
**SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM**

Case # 87-0208

Decedent's Name

Valerie HillDate 4/16/07

Time \_\_\_\_\_

AM / PM

 Incoming OutgoingName Maureen KurzPhone # in person(relationship to decedent OR agency) Records release - MEO

I was asked if there are any "brain slides on this case in storage.  
 Upon searching our storage locations in the building (CFS) :

- No glass slides or blocks (regular Histo or Neuropath)

I did find 2(two) 35mm photographic slides. They matched

2(two) paper color copies in the case file. (taken @ autopsy

calvaria removed, brain exposed)

Letters from  
Tech's -

(TFL)

RECEIVED

APR 17 2007

ONONDAGA COUNTY  
 MEDICAL EXAMINER'S OFFICE

I advised him/her to call back at any time if there are any further questions.

Employee Name/Title

Timothy P. Lawrence - morgue tech

**ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE**  
**SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM**

---

Case # 07-0208Decedent's Name Valerie HillDate 4 / 12 / 07Time 920 AM / PM  Incoming  OutgoingName Shane Gillen

Phone # \_\_\_\_\_

(relationship to decedent OR agency) Morgue Technician

I located four slides in the slide storage area here at the Onondaga County Medical Examiner's Office. No other slides or blocks were located here.

Employee Name/Title Shane Gillen, Morgue TechnicianDate         /      /       Time                    AM / PM  Incoming  Outgoing

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(relationship to decedent OR agency) \_\_\_\_\_

**RECEIVED**

APR 12 2007

ONONDAGA COUNTY  
MEDICAL EXAMINER'S OFFICE

Employee Name/Title \_\_\_\_\_

Date         /      /       Time                    AM / PM  Incoming  Outgoing

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(relationship to decedent OR agency) \_\_\_\_\_

Employee Name/Title \_\_\_\_\_

**ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE**  
**SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM**

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Case # 087-0208 Decedent's Name VAKERIE HILL

Date 04/06/2007 Time 1200 AM  PM  Incoming  Outgoing

Name MAUREEN KURZ Phone # X 2230

(relationship to decedent OR agency) ABOVE CALLED IN RE: TO SLIDES/  
CASSETTES ON ABOVE DECEDENT. SEARCHED STOCKROOM,  
BUT COULD NOT LOCATE ANY SLIDES/CASSETTES. RETURNED  
PHONE CALL TO MAUREEN RE: NOT FINDING ANY.

Employee Name/Title Marty R Kelly / MORGUE TECHNICIAN

Date 1/1 Time \_\_\_\_\_ AM / PM  Incoming  Outgoing

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(relationship to decedent OR agency) \_\_\_\_\_ **RECEIVED**

APR 12 2007

ONONDAGA COUNTY  
MEDICAL EXAMINER'S OFFICE

Employee Name/Title \_\_\_\_\_

Date 1/1 Time \_\_\_\_\_ AM / PM  Incoming  Outgoing

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(relationship to decedent OR agency) \_\_\_\_\_

Employee Name/Title \_\_\_\_\_